


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000059790 (0)**
1. Corporation Name
STATEWIDE TRANSPORTATION AND RECOVERY SERVICES, INC.



Principal Place of Business 612 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33311	Mailing Address 612 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1951 NW 22nd St. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33311 Country 25 USA		2a. Mailing Address 26 9715 W. Broward Blvd. Suite, Apt. #, etc. 27 Suite #169 City & State 28 Plantation, FL Zip 29 33324 Country 30 USA		3. Date Incorporated or Qualified 07/02/1997	4. FEI Number 65-0769362 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**COHEN, LAWRENCE
612 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name Pitzel Karin
82 Street Address (P.O. Box Number is Not Acceptable) 11051 NW 66th St
83
84 City Plantation
85 Zip Code FL 33325

11. Pursuant to the provisions of Sections 607.0504 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Karin Pitzel, Sec. Treas.** DATE **4/30/98**
Signature typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, LAWRENCE 612 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WETHERINGTON, TROY L 612 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33311 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITZEL, KAREN 612 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33311 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Karin Pitzel** DATE **4/30/98** **2054/211-5110**

CR2E034 (10/97)